

CARDIOVASCULAR DISEASE PREVENTION:

The IHS and the NIH, National Heart, Blood and Lung Institute, began a partnership in 2002 to address cardiovascular disease in Indian Country through interventions targeted towards the community. These preventive measures address CVD not only at the community level, but also in our I/T/Us hospitals and clinics on the primary, secondary and tertiary level. There are 5 communities located in Alaska, Oklahoma, and New Mexico that are pilot prevention sites. Each community received funding to support community-directed activities. Accountability is tracked through a web-based Community Health Assessment and via 5 GPRA+ CVD Indicators (Body Mass Indexes, Blood Lipid testing, tobacco cessation, exercise and diet education, and hypertension). The IHS will again partner with the NIH on the second phase of the project, which is to provide a broad-based CVD Awareness and Training on CVD in December 2003. Approximately 75 staff will be trained to further expand the project to other sites. The IHS would like to decrease total reliance on the medical model concept and increase support for community involvement in prevention. We feel that this is a project to assist in the demonstration of that concept.

PATIENT EDUCATION – “Prevention through Education”:

The Indian Health Service Hospitals and Clinic are moving toward improved prevention efforts through the increased provision of patient education to all clients by all I/T/U providers. This project is now in its 5th year of emphasizing the importance of education to our clients. IHS has devoted resources for the development of this project that encompasses all disciplines and many of our reporting software packages have incorporated the Patient Education Protocols and Codes that enables the IHS to track progress in the area of education. The Patient Education Protocols and Code Project supports all health providers in a standardized method for patient education that includes: 1) increased emphasis that education *must be provided*; 2) an increased emphasis that education must be *provided by all providers*; 3) *what specifically should be taught*; 4) where the education *should be documented* in the patient record; and, 5) standardization of the documentation that includes Time and Behavior Objectives.

CLINICAL TOBACCO WORKGROUP:

The IHS has partnered with the Centers for Disease Control to increase community tobacco cessation awareness through the establishment of Tribal Tobacco Centers of Excellence. The IHS is now moving forward to begin to develop clinical standards of care for tobacco through the establishment of a national Clinical Workgroup to begin to address tobacco in our hospitals and clinics. Certainly, some of our tasks will include developing Standards of Care for Tobacco Use clients that will include education, counseling efforts, life style adaptations, and nicotine replacement aids. A workgroup has been identified and the first meeting of this group is on August 18, 2003.